



“Life of the Case” Analysis

Adoption

1. OUTCOMES

- ☐ Safety
- ☐ Well-Being
- ☐ Permanency
- ☐ Appropriate Type, Level and Intensity of Services

In Section 7 of the Indiana Child Welfare Policy Manual, Adoption is described as “...presenting the opportunity for children who cannot safely remain in their own homes to have permanency in their lives. It is an important process that allows the Division of Family and Children, when appropriate, to pursue the best interests of the child by matching a child with an appropriate adoptive family.” For some children, Adoption is an appropriate permanency plan that should be considered when reunification with the birth parents is not expected, guardianship is not appropriate, and the independent living is not an option.

According to the requirements detailed in the Federal Adoption and Safe Families (ASFA) act, states must seek Termination of Parental Rights (TPR), or document why such action is not appropriate, when a child has been in foster care for 15 out of the past 22 months. The Adoption phase in the life of an Indiana case officially begins when the decision to move forward with the TPR has been made, although planning for Adoption may be done concurrently with other permanency planning. Of course, some circumstances may result in filing for TPR before this milestone is reached, or may in fact be a permanency plan from the very beginning; in any case, DCS may attempt to gain the voluntary participation of the birth parents (voluntary TPR), which is the preferred method, or may seek involuntary TPR. Both approaches, when confirmed by the courts, free the child for Adoption.

To support the Adoption process, DCS provides services to various parties involved or potentially involved in the child's life. Services are provided to:

- ☐ Birth families whose child is released for Adoption voluntarily or involuntarily
- ☐ Families wishing to adopt and parent a child with special needs (often current foster parents)
- ☐ Children whose parental rights are terminated and are under the guardianship of the Department, making them legally available for Adoption

Services are provided within the legal framework of the Indiana Juvenile Code (IC 31-30), the Indiana Adoption Code (IC 31-19), the federal Interstate Compact on the Placement of Children (IC 12-17-8), the federal Multiethnic Placement Act of 1994 (42 USC 622(b)(9)), and the federal Interethnic Adoption Provisions (42 USC 1996b). By providing these services, DCS works towards the four fundamental outcomes of Safety, Well-Being, Permanency, and Delivery of Appropriate Services for Indiana's foster children.

Child Safety

In the Adoption phase of the life of the case, child safety refers to an adoptive family's capacity to safely parent a child who may have been physically or sexually abused or neglected. These children may exhibit complex behaviors which challenge the adoptive family in a number of ways:



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- ☐ Employing discipline techniques that help the child learn to manage their own behaviors
- ☐ Meeting the sometimes conflicting needs of the child and the adoptive family
- ☐ Keeping vulnerable children safe from further abuse

As part of the Adoption process, DCS has the responsibility to supervise adoptive placements prior to finalization, and provide services to the family and child to ensure that these challenges can be addressed in a positive and safe manner.

Well-Being

Separation from birth parents, whether through foster care or Adoption, is traumatic for children. In the Adoption phase of the life of the case, DCS must strive to support the child's transition to a new, permanent family by providing necessary physical and emotional supports and services. Strong preparation for Adoption through standard activities and techniques, including a "good-bye visit" with the birth parents if appropriate, should be employed to assist the child in adapting to the new Adoptive home environment.

In the Adoption phase of the Life of the Case, meeting the child's well-being needs is built upon an accurate assessment of the adoptive family's strengths and capacity to meet the child's needs. The Adoption Case Manager must build upon the information obtained by the Family Case Manager (FCM) to determine the special needs of the child and the services or strategies that will empower the adoptive family to meet those needs and nurture the child.

Permanency

Although meant to be permanent living situations, Adoptive placements are sometimes disrupted. Disruption occurs for a variety of reasons, including an adoptive family's difficulty in dealing with the stresses of parenting a special needs child. Careful pre-adoptive screening and services help to prepare children and adoptive families to handle the stresses in a positive manner, and help minimize the number of post-adoptive disruptions. If disruptions do occur, DCS must provide services to resolve the situation, or transition the child into a new foster care or adoptive placement, and provide services to mitigate the damage that may be incurred by the Adoption disruption.

Appropriate Type, Level and Intensity of Services

The possibility of an Adoption Permanency Goal must be considered throughout the life of the case, even for children who are most likely to return home to their biological parents. Beginning at Intake, DCS must fully document information gathered from the referral source because often, this is the only time DCS has access to individuals who can provide information about the family's history and any child's special needs. If this information is not captured at Intake and expanded during Investigation and Case Management, critical facts about the child's life history can be lost or extremely hard to locate when the permanency plan becomes Adoption. Too often older youth or adults who have been adopted try desperately to piece together their life histories. If DCS staff has not carefully documented information about the child's birth family and history, the agency is hindered greatly in their efforts to help the adoptee. This lack of information often creates stress for both the adoptee and the adoptive family often resulting in major dysfunctional behaviors that affect Adoption placement or adult functionality.

Information about the birth family should be collected as appropriate throughout the different phases in the life of the case, and services to address specific issues or concerns incorporated into the child's Case Plan. In addition to providing a basis for service provision, this information is important for a child to know as he or she is prepared for Adoption. It is vital information that must be shared with the potential adoptive family during preparation for the placement.

Services to a child, a prospective adoptive family or an adoptive family may be provided either directly by DCS staff or purchase of service providers such as a licensed child-placing agency. Currently, though, there are limited criteria and decision support tools for DCS staff in assessing the child's service



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needs. Strengthened decisions support tools would support staff in effectively fulfilling their on-going responsibility in providing effective services and supports to children.

Summary

Although it is often the final phase in the life of the child welfare case, the steps and activities that support successful transition to an adoptive placement must occur in all phases. All children who are unlikely to be reunited with parents, no matter what the permanency plan, should be provided the appropriate services and Case Plan activities to support them should Adoption eventually become necessary. Throughout the Adoption process, the key outcomes of Safety, Well-Being, and Permanency and Provision of Appropriate Services should be the focus of all case activities, so that adoptive families and children have the best chance of maintaining stable, loving homes.

2. CRITERIA

- ☐ Legal Status
- ☐ Child's Needs and Capacities
- ☐ Adoptive Family's Needs and Capacities

DCS has the monumental responsibility for assisting the child, the birth family, and the adoptive family toward permanency for the child in an Adoption. The Adoption Case Manager or FCM works toward the ultimate goal of a finalized Adoption. The criteria for achieving a finalized Adoption that meets the child's safety, permanency and well-being needs include the child's legal status and the needs and capacities of the child and the resource family.

Legal Status

The permanency option of Adoption is made following the conclusion that the child cannot return to the home of a parent and a court proceeding confirms. As reported by the Subject Matter Experts (SMEs) during the workflow meetings, in Indiana the formal Adoption process begins when parental rights have been terminated either by court order or by voluntary surrender by the parent. SMEs did indicate that the legal steps required for TPR may be pursued concurrently with Adoption proceedings, rather than before the official Adoption process begins. But TPR must be finalized before a child may be legally adopted.

All Foster Care placement cases are required to have regular judicial reviews (Permanency Hearing) of the Case Plan and permanency options in compliance with the Adoptions Assistance and Child Welfare Act of 1980 [PL 96-272] and the Adoptions and Safe Families Act of 1997. A Permanency Hearing must be held within 12 months of the child's placement in foster care to ensure permanency and the consideration of an Adoption placement and finalization unless the court makes a ruling that reasonable efforts to reunify the family are not required or not in the best interest of the child due to aggravated circumstances. In those situations, the permanency hearing must be held within 30 days of the court's decision.

When the determination has been made that the child cannot return to the home of the parents and the parents do not voluntarily agree or "consent" to surrender parental rights, the FCM must determine if court involvement is indicated. Court action is likely indicated in the following general circumstances (more specific circumstances when consent is not required are detailed in IC 31-19-9-8):

- ☐ Termination of Parental Rights petition must be filed if the child is out of the home for 15 of 22 months unless: the child is placed with a relative or there is no compelling reason to file



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- ☐ When the decision is made that Adoption is the best permanency option for the child due to the parents' inability or unwillingness to provide adequate care and supervision for the child.

Child's Needs and Capacities

The child's needs must be thoroughly assessed and documented. Workers must document the child's needs, characteristics and anticipated behaviors in order to match the child with an appropriate family. Some children will be considered "Special Needs" and referred to the Indiana Special Needs Adoption Program (SNAP), for assistance in locating adoptive placements. The characteristics of special needs for purposes of SNAP, according to the Child Welfare Policy Manual and IC-31-19-27, include the following:

- ☐ a child two (2) years of age or older who is a member of a commonly recognized minority group;
- ☐ any child six (6) years of age or older; or
- ☐ a child who is a member of a sibling group of two (2) or more children and who must be placed together with the sibling group in the same home. (NOTE: At least one (1) child in a sibling group must be six (6) years old. In a commonly recognized minority group of siblings, at least one (1) child must be two (2) years old.);
- ☐ a child with a medical condition or physical challenge, as determined by a physician licensed to practice medicine in Indiana or another state or territory; or
- ☐ a child with a mental, emotional, developmental or educational challenge as determined by a psychiatrist or a clinical psychologist licensed to practice in Indiana or another state or territory.

Note that "Special Needs" for purposes of SNAP differ from Special Needs for purposes of the federal Adoption Assistance Program (AAP) and other subsidies

Adoptive Family's Needs and Capacities

In order to ensure successful and permanent adoptive placements, DCS follows a standard preparation process for all adoptive parents. Prospective adoptive parents who are interested in non-special needs Adoptions are referred to a Licensed Child Placing Agency (LCPA). DCS focuses on providing services to those prospective adoptive parents interested in pursuing Special Needs Adoptions. Section 7 of the Child Welfare Policy Manual details the process required for assessment and preparation of the prospective adoptive family; however, the majority of the SMEs involved in the Adoption Workflow Group indicated that the prospective adoptive families are chosen by others, including the SNAP Specialists, and that Adoption Case Managers are generally not involved in the initial family selection process.

According to the Child Welfare Policy Manual, preparation is realized when adoptive parents are empowered with the knowledge, skills, support services and financial assistance necessary to effectively respond to the needs of children placed with them for Adoption and to freely advocate on their behalf. A family preparation assessment process has been created and implemented statewide to promote uniform Adoption procedure throughout Indiana. It is a modified version of a training module developed by Spaulding for Children entitled "Parents as Tender Healers" (PATH) taken from the National Resource Center for Special Needs Adoption. PATH is a module consisting of two (2) components:

- (1) the Adoption orientation meeting; and
- (2) the Adoption preparation training.



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3. ACTIVITIES

- ☐ Gather and Organize Appropriate Information
- ☐ Analyze Information Against Criteria
- ☐ Make Decisions
- ☐ Supervisory Review and Quality Assurance
- ☐ Handoff / Case Transfer
- ☐ Documentation
- ☐ Adoption Subsidies

Gather and Organize Appropriate Information

Because Adoption is generally the final phase in the life of the case, much of the necessary information about the child and the child's needs should already be gathered by the time Adoption activities are commenced. However, as each required step in the Adoption process is completed, additional specific information will be gathered relating to the child and to the prospective adoptive parents.

Termination of Parental Rights

FCMs or Adoption Case Managers must verify and/or take steps to ensure that a child is legally free for Adoption. This requires filing a petition for termination of the birth parents' parental rights (TPR). According to the Indiana Juvenile Code IC 31-35, parental rights can be terminated voluntarily or involuntarily. The results of either process are final and irrevocable after a 60-day period during which an appeal may be filed, freeing the child for legal Adoption.

In circumstances outlined in IC 31-35-1, voluntary termination of parental rights may be pursued if the parents are willing to cooperate. If either of the birth parents is absent, a good faith effort must be made to locate the missing parent. This can be completed by publishing via major newspaper distribution, conferring with friends, relatives and neighbors, sending certified or non-certified mail, conducting CPS, criminal, and Office of Child Services background checks. Subject Matter Experts (SMEs) noted that there are no instructions to conduct searches for missing parents or checks of the putative father registry, which is necessary to pursue TPR. Though most requirements for pursuing a parent's consent are presented in State policy, there is no support tool to assist the staff with specific information that communicates how to perform publishing and other search methods. Providing a tool with guidance in this area would ensure the process would be more efficient and less time-consuming for staff, and most importantly, avoid mistakes or oversights in the search for parents, ultimately putting the potential Adoption at risk.

During the voluntary TPR process, the birth parents must be advised of the consent requirements. Best Practice is to gather social history, medical, financial, and other information at this time from the birth parents. Consents for newborn children should not be taken in the first 48 hours after birth. Birth parents should be given information concerning the Indiana Adoption history registry and Non-Release form. The Non-Release form is filed with the State Registrar as evidence if the birth parents refuse or are unable to sign the consent to the release of identifying information under IC 31-19-25-3.

If the birth parents wish to voluntarily relinquish their parental rights, this decision should be documented on the *Voluntary Relinquishment of Parental Rights*, SF 125871/FPP 1331A, which is signed by the birth parents. A petition to the court for voluntary TPR must also then be filed in order to allow the court to hear the case and issue a final order. Once the petition is filed, the court will set a termination hearing. According to state policy, the birth parents should receive hearing notification at least 10 days prior to the hearing, and this should be by personal service or publication, whichever is appropriate.

After the termination hearing occurs, and the court orders TPR, hearing order information must be entered into the ICWIS hearing screens in the Case Management module, including the original termination order date for each parent. Practice varies by county, but the case is then transferred to the



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Adoption unit, or remains with the FCM of record to proceed through the Adoption process. If the court does not terminate parental rights, services will be continued either in the biological? home or more likely, in foster care.

If the birth parents are not willing to surrender their parental rights, or in the circumstances outlined in IC 31-35-2-4, DCS may file for involuntary TPR. The Adoption and Safe Families Act (ASFA) requires the pursuit of TPR when one (1) of these three (3) conditions exist:

- ☐ The child(ren) have been removed from the home for six (6) months under a dispositional decree,
- ☐ The court finds that reasonable efforts for reunification are not necessary, or
- ☐ The child has been under DCS supervision for at least 15 of the past 22 months.

In addition to the above conditions, all of the below conditions must exist:

- ☐ The conditions leading to the removal of the child is not likely to be remedied,
- ☐ Continuation of the parent-child relationship is considered a threat to the child,
- ☐ Termination of parental rights is in the child's best interest, and
- ☐ A satisfactory plan for care and treatment of the child is in place.

Practice varies concerning the court process for TPR. According to state policy, the petition is filed in whichever court has jurisdiction over a child in need of services (CHINS) or a delinquent child. State policy states that the TPR hearing should take place not more than 90 days after the petition is filed. If the court denies the petition, the case returns to its previous case status or services may change based on the court order. If the court grants the petition, the court places the child under DCS wardship if the child is not already a ward. The court hearing information is entered into ICWIS hearing screens in the Case Management module, including the original termination order date for each parent.

Birth parents can appeal the involuntary termination of their parental rights. The appeal process, as identified in the Child Welfare Policy states, an appeal must be filed within 60 days of the TPR. If the termination order is overturned by appeal, the case will be transferred back to ongoing case management. If the termination order remains in effect, the case will proceed to Adoption services. The Child Welfare Policy Manual notes that some DCS staff misinterprets the 60-day window for appeal as a delay in the effective date of the TPR. In fact, TPR is considered effective from the date of the order.

Identification of Child's Needs and Referral to SNAP

The FCM will assess the needs of the child for pre-adoptive services if appropriate. State policy indicates that in an effort to reduce the number of Adoption disruption and dissolutions, the DCS must adequately prepare children for the Adoption process, collect pertinent background data, and assist in establishing and maintaining a strong support system. Some key considerations of the placement needs of the child are the availability of a relative adoptive placement, whether placement with siblings is possible, and if not, how sibling contact can continue and whether the child will continue to have contact with the birth family. The child's needs must always be considered.

IC 31-19-27 requires the DCS to manage a program designed to find suitable adoptive homes for hard to place children with special needs. The mission of Indiana's Special Needs Adoption Program is to facilitate permanency for children through timely adoptive placement that supports and best meets the needs of the child and family over time. In order to best meet the needs of the child and family, the FCM and/or Adoption Case Manager must determine whether the child meets Special Needs criteria.

SMEs report the definition of Special Needs in the Child Welfare Policy Manual is outdated. Other than this definition, there are no tools to assist workers in determining whether or not a child meets these criteria. This shortfall jeopardizes both the decision to refer the child to SNAP, and the detail and



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quality of the information provided to the SNAP specialist. SNAP Specialists in the workflow development groups indicated that in some counties, all children available for Adoption are made known to SNAP, as these specialists are often aware of potential adoptive homes that may be suitable for any child, not just those with Special Needs. They recommended this be required by policy; however, by statute the SNAP program is meant to facilitate Adoption of Special Needs children only, and should remain the focus of the SNAP Specialists.

Prospective Adoptive Family Recruitment

Adoption Case Managers, FCMs, or SNAP Specialists must collect information about prospective Adoptive Parents, including their needs and strengths. SMEs indicated that the recruitment process itself is not completed by the Adoption Case Manager, but instead by licensing workers or others responsible for recruitment and preparation, depending on the county. Policy detailed in Section 7 of the Child Welfare Policy Manual details how prospective adoptive parents are assessed and prepared; a recommendation from SNAP may be included in the selection process. State policy provides guidelines for relative and foster parent Adoptions, and the county licensing or LCPA staff makes decisions concerning the approval of the prospective placement. Practice varies concerning the selection and approval process; however, the generally approves the final recommendation.

There may be the need for specialized adoptive home recruitment for a child. Child specific recruitment focuses on individual children in order to attract specific families as placement resources. According to state policy, Indiana's Adoption Initiative focuses on the diligent recruitment of potential adoptive families for Indiana's special needs children. It provides more detailed and specific insight about the child needing to be placed. This approach usually requires more complex planning. When appropriate, the child's information is presented at a SNAP meeting, which is scheduled to discuss the child's needs and any potential placements for Adoption.

Adoption Subsidy

Adoption Subsidies are available to adoptive parents to cover the costs and provide financial support for Adoption of children with Special Needs. All of the available subsidies are based on the child's specific needs and resources, not those of the adoptive parents. For this reason, it is essential that the information required for a determination about a child's eligibility for the various Adoption Subsidies be gathered throughout the child's stay in foster care, and/or from the birth parents before the completion of the TPR process. Once TPR is completed, it may be difficult or impossible to collect required information.

Analyze Information Against Criteria

For adoptive placements to be successful, both the needs of the child and the strengths and weaknesses of the prospective adoptive parents must be considered before the placement decision is made. Information gathered from the birth parents, the child's time in foster care if applicable, and the prospective adoptive parents' application process must be analyzed, and an appropriate "match" made. Indiana's written policy does not address this specific process directly; most of Section 7 in the Child Welfare Policy Manual addresses the logistical steps that must be taken to place a child in an adoptive home, not the decision about the "fit" between child and prospective adoptive family.

In order to provide the best possible preparation for an adoptive placement, the Adoption Case Manager must review the child's specific needs and capacities, and identify appropriate pre-adoptive services. Services of this type should also be initiated for the prospective adoptive family. The instructions in written policy relating to the family preparation and assessment are extensive; Adoption Case Managers should review the results of the family assessment and determine whether or not there are potential areas of weakness that could cause difficulties or disruptions in the Adoptive process. The Adoptive family's strengths and needs should be addressed as they align or misalign with the child's needs to ensure successful adoptive placement.



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Although written policy contains detailed instructions relating to the family assessment and preparation process, SMEs indicated that often, the Adoption Case Manager is not directly involved in the selection and/or preparation process for prospective adoptive families. Written policy indicates that the Adoption Case Manager is to collaborate with the SNAP consultant to institute services for families adopting special needs children; however, discussion with the SMEs resulted in the Center team's impression that the relationship between the SNAP team, Adoption Case Manager and Family Case Manager (if there are multiple individuals) is not well defined, and not uniformly approached throughout the state.

Make Decisions

Pursue Termination of Parental Rights

There are guidelines in statute and written policy, both federal and state, relating to the conditions that must exist in order for the state to pursue termination of parental rights and the process that must be followed to do so; however, the decision about the correct time to move forward with the petition is not always clear for situations that fall outside of the statutory requirements. SMEs have indicated that the decision to move forward is supported by case staffings and informal supervisory input, but information about how the decision to petition for TPR fits into general case planning activities is absent from written policy.

Choose Adoptive Family

In the situation where the child is to be adopted by a foster parent or relative, the FCM or Adoption Case Manager need not pursue identification of an appropriate adoptive family, although Best Practice does require their inclusion on the Adoption internet site until such time as the Adoption Petition is actually filed. SMEs indicated that practice varies relating to the process of identifying and selecting an appropriate adoptive family. SMEs indicated that the county director usually makes the final approval of the selection, but there is no clear written policy relating to the decision of which available family is the most appropriate for a given child. In addition, policy does not speak to the process that should be followed when there are available families but none are appropriate for the child.

Identify Appropriate Services for Child and Adoptive Family

Based on the adoptive family's assessment and the child's specific needs and capacities, the FCM or Adoption Case Manager must implement services to support the adoptive placement. According to the Child Welfare Policy Manual, it is the SNAP Specialist's responsibility to work with the FCM or Adoption Case Manager to identify appropriate services and arrange for them to be implemented.

SMEs indicated that practice varies by county concerning how the FCM or Adoption Case Manager coordinates activities with the SNAP specialist. There is very little in the Child Welfare Policy Manual relating to the types of services to be provided, and the process of identifying and implementing services. Because the relationship between the FCM or Adoption Case Manager and the SNAP specialist is not clearly explained, and is approached differently by each county, it is possible that some counties may not take full advantage of the SNAP program, and some children and adoptive families may not be receiving adequate services to support adoptive placements.

After the child is placed, supervision is provided by the FCM or Adoption Case Manager to ensure the placement is stable, for a period of 6-12 months by policy. During this time period, supervisory reports must be completed, but the manner in which they are completed varies in the counties and courts. State policy indicated the reports are due 90 and 180 days after placement, and must be filed with the court. In addition, progress reports are received from the family, LCPA or service provider. Reports from the family may be written or verbal, but reports from LCPAs must be written. Use of a standardized progress report during the post-placement supervision period would ensure the requirements for information to be presented are met in all counties.

Finalize Adoption



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As part of the Adoption case management function, DCS must determine when it is appropriate for a pre-adoptive placement to be finalized. There is very little written policy that addresses when the pre-adoptive placement should be progressed and the Adoption finalized; the Child Welfare Policy Manual suggests that six months to one year of post-placement supervision is usually necessary, but specific goals and guidelines to support this decision are not included in policy, except for general statements about how the family and child must be prepared to handle the challenges of family life before the Adoption should be finalized. SMEs indicated that in general, the County Director is responsible for making this final decision.

Supervisory Review and Quality Assurance

The instructions in the body of the Child Welfare Policy Manual Section 7 do not address supervisory involvement in the Adoption process, other than the fact that the Supervisor is to be a member of the Regional SNAP team. Several of the Appendices do contain places for Supervisory approval and instructions to conduct a case staffing with the supervisor and a Case Plan update, which also requires Supervisory approval in ICWIS. However, it is unclear whether these Appendices detail required, rather than recommended activities. There is no other reference to Supervisory involvement or Quality Assurance throughout the rest of the written Adoption policy.

ICWIS steps in the Adoption module, including the final case closure, do require Supervisory approval. However, these requirements are not detailed in policy. Outside of ICWIS, Quality Assurance is infused into the process based on informal case staffings and CEU review of AAP eligibility. Although the input from peers during case staffings is vital and provides significant support, the lack of clear policy relating to Supervisory involvement in the Adoption process results in differing practice throughout the state.

Handoff/Case Transfer

Depending on the county, there are several different handoffs that might occur in the Adoption process. First, if the county has a separate Adoption Case Manager or unit, the FCM of record will handoff the case to Adoption (in some counties, the FCM of record may remain responsible for a case through the Adoption process). There is also a transfer of information between the FCM/Adoption Case Manager and the SNAP Consultant, although the SNAP Specialist does not carry a caseload, and the specific role of the SNAP Specialist seems to differ by region. Another transfer of information may occur from FCM to financial/eligibility staff when the Adoption subsidy eligibility determination is made. Finally, SMEs indicated that at least one county (Lake) has a post-Adoption unit, responsible for follow-up and services to adoptive families and children.

SMEs indicated that there are no standard handoff processes or documentation requirements for any of these transfers. SMEs from the various counties indicated that the processes for handoffs, and the interaction with the SNAP specialists vary widely. Some indicated that the “whole file” is transferred to the Adoption Case Manager if a transfer of responsibility takes place. In Adoptions, perhaps even more so than with other phases in the life of the case, a clear understanding of the child's background, birth parents, and services is vitally important to making good decisions and appropriate services. In addition, Adoption subsidy determinations are often based on the case circumstances from the time period when the child entered care. Standardized transfer packets and required face-to-face case transfer meetings would facilitate the transfer process between all possible parties.

Documentation

Complete and accurate documentation is essential in the Adoption phase in the life of the case. Full disclosure of a child's history to potential adoptive families, challenges, and strengths requires clear documentation of the results of assessments, observations and other case activities. Accurate history for children who are adopted is also important, as notes and records kept by FCMs may be the only information available about a child's past. In general, the documentation requirements and associated timeframes for the various stages in Adoption cases is clearly defined in policy. SMEs did express some concern about the relevance and appropriateness of some documentation requirements.



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When the permanency goal for the child becomes Adoption, a separate Adoption file is created in both ICWIS and hard copy case file to facilitate the capturing of appropriate information. Included in the hard copy case file are all vital documents, including birth records, Social Security Number, TPR documentation, and/notes from the social summary. There was some confusion about what information is to be maintained in which case file: CHINS or Adoption. For example, some counties attach the final Adoption Decree to the request to dismiss wardship. This information is maintained in the child's CHINS file, which should not contain any identifying information about the Adoption.

Children available for Adoption must be registered with the Indiana Adoption Program. According to written policy, the child should be photographed and registered for the *My Forever Family Picture Book* SF 11840/FPP 1440 (SMEs noted that the online Picture Book vendor has changed and that this is no longer the correct name). State policy indicates that all children, even those who may have adoptive placements planned, must be registered on the website within 30 days of the date of the TPR order. SMEs indicated this was problematic, as interested families make contact with DCS to inquire about children that already may be in pre-adoptive placement. Some SMEs suggested changing the process of posting and removing children from the website. Because pre-adoptive placements do fail, it is best practice to maintain the child on the website until such time as an Adoption petition is filed, so that additional families may be more easily identified should a pre-adoptive placement fail.

According to state policy, the child's social summary must be written and completed within 30 days of the TPR petition filing and updated after the TPR is granted. The summary must be completed to provide any information related to the child's behaviors and history, and to assist in the match with an appropriate adoptive family. Some counties require adoptive parents to sign statements of attestation for historical record of this full disclosure, while others do not. Standard policy on disclosure, and a guide to support FCMs in the process of disclosure of the child's family history and medical information would help avoid potentially difficult situations after the Adoption is finalized.

There are several forms of Adoption subsidy that are available to eligible children for the purpose of promoting permanency. At this stage, the FCM must look at all available subsidies and initiate the process to make a determination of the possible programs for which the child may qualify.

Adoption Subsidies

Adoption subsidies are made available to assist families who adopt Special Needs children. In general, SMEs indicated that the FCM or Adoption Case Manager of record is responsible for determining eligibility and negotiating the amounts of these subsidies. SMEs indicated that some subsidies are very rarely applied, while others are based on eligibility determined at earlier phases in the life of the case. The requirements for the different types of Adoption subsidies can be confusing to FCMs, and can lead to differences in qualification for children and their adoptive families. There are currently no standard decision support tools or guides outside of written policy to assist FCMs and Adoption Case Managers in the process of determining eligibility for the various subsidies. SMEs indicated that all staff know they are responsible for informing the adoptive parents of the availability of subsidies (which is done via distribution of a brochure), but the mechanics of the eligibility determination are not standard and may cause differences in eligibility amongst counties.

Adoption Assistance Program (AAP)

The Adoption Assistance Program (AAP) is a federal entitlement program that provides financial assistance to categorically eligible adoptive children in the form of monthly payments and/or Medicaid coverage. The goal is to promote permanency for those children who may not otherwise be as likely to be adopted due to Special Needs.

The adoptive parents must complete the *Application for Adoption Assistance*, SF 2973/FPP 3310. Though state policy indicates the payments must start within 30 days of application, it also states adoptive parents must be notified of the eligibility determination within 45 days of the application. This policy conflict should be clarified so that there is clear guidance regarding the initiation and notification of the payments. LCPA managed Adoption cases must refer the adoptive family to the local DCS office for



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the application. The LCPA can provide the family with the application; however it is the responsibility of DCS to process the application and to make eligibility recommendations within 45 days of the application.

The FCM negotiates the subsidy amount with the family and this can occur at any stage of this process. Best Practice is to ensure that this is done early in the process to avoid surprises at the end of the Adoption process. If the child is determined to be eligible for AAP, state policy indicates the *Adoption Assistance: Child Certification* SF 2976/FPP 0020 form must be completed within 45 days. The family may choose to accept all, part or none of the available assistance. Some counties require adoptive parents to sign an offer of assistance for a record of their decision. The County Director and the adoptive parents sign the *Adoption Assistance Agreement*, SF 2974 / FPP 3311. . This must be signed prior to finalization of the Adoption. Payment cannot be made until all signatures are obtained and child is physically residing in the adoptive parent's house.

If the decision is made that the child is not eligible, a *Notice Regarding Denial or Proposed Action to Discontinue Adoption Assistance* SF 5374/FPP 0011 to discontinue Adoption assistance must be delivered to adoptive parents within 45 days of the decision. The family can appeal the denial finding and must be requested within 30 days from the date of the denial. If the application is not acted upon within the 45 days from the date of the application, a request for an appeal may be submitted within 30 days from the end of the 45 day application period. If the appeal is granted and the decision is overturned, the subsidy will follow the certification. The family may decide to continue with the placement even though the appeal is denied or the child may move to a new foster home and return to the pre-adoptive process.

AAP subsidy can be renegotiated as necessary. State policy requires renegotiation at least once every two (2) years or as often as necessary or requested by the family, and as circumstances change. The subsidy is available until child turns 18 or 21 if the county determines the child's special needs warrant. If the agreement expires, some counties hold payments until adoptive parents sign a new agreement; however, this is not consistent throughout the counties.

Non-Recurring Adoption Expense (NRAE)

Funding is available to reimburse adoptive parents of Special Needs children for the one-time costs of legalizing the Adoption. Families must complete the *Application and Eligibility Determination for Non-Recurring Adoption Expenses* SF 46152/FPP 3317, and other forms listed in Section 818.84 of the Child Welfare Policy Manual. According to state policy, the adoptive parents, FCM and the County Director must sign the application prior to Adoption finalization. If a LCPA is handling the Adoption, the LCPA should complete the paperwork and forward the paperwork to the local DCS office with a copy sent to the adoptive family. For a private Adoption, the family or the family's attorney must send the paperwork directly to the local DCS office. Separate forms must be completed for each child.

The County Director makes a recommendation and submits the claims to the Central Eligibility Unit (CEU). According to state policy, claims must be submitted to CEU within two (2) years of Adoption finalization in order to be eligible for reimbursement. The original copy is placed in child's Adoption file, one copy is sent to adoptive parents and the third copy is sent to CEU.

If the CEU approves the claim, data is recorded in ICWIS, the *Notice of Action on Claim for Non-Recurring Adoption Expense Reimbursement* SF 47918 / FPP 3314 is sent to the adoptive parents, and the NRAE payment is awarded. The CEU may not approve the claim, and may need more information. The CEU may later approve the claim after the receipt of the requested information. If the claim is still denied the SF 47918 is sent to the family indicating the claim has been denied.

The family may appeal the denial in writing within 30 days of the effective date of the denial notice. DCS and the family may enter into a stipulated agreement based on the circumstances surrounding the denial, rather than proceeding through a formal appeal process. If the appeal is granted, the family will become eligible. If the appeal is denied, the family may continue with the Adoption and the placement will continue. In other situations, the family may request the child be moved. The child may be moved to a new foster home and re-enter the pre-adoptive process.

County Adoption Subsidy (CAS)



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IC 31-19-26 allows adoptive parents to be provided a County Adoption Subsidy (CAS) to assist in the support of a “hard to place” child under the custody and supervision of a county office and who would otherwise remain in foster care. CAS has a broader reach than AAP and is ordered by the court at the time of Adoption. CAS support may be in the form of a per diem support payment or payments for health care.

The FCM will negotiate the subsidy with the adoptive family, but ultimately the amount is ordered by the court. State policy does not address the negotiation process, and this causes practice to vary from county to county. Best Practice would be to negotiate this well ahead of the Adoption finalization.

In order to “apply” for CAS, the family petitions the court for CAS in the Adoption petition. DCS submits a report with recommendations to the court, based upon information explaining the child’s history and length in foster care, as well as other information. IC 31-19-8-6 states the report may not contain any information about family’s financial situation, as this may not be considered in the CAS decision. As the content of the report can vary by county and court, it is recommended the report be standardized by state policy, to ensure the report contains all information necessary.

The Court makes the decision for CAS. If the court grants CAS, the court order will contain details related to the type, duration and amount of payment to be made by the county. State policy states the subsidy may be for a support subsidy equal to a maximum of 100% of the foster family home per diem rate, for medical expenses for the child, or both. The Court may order payments until the child turns 21 for educational purposes. If the court does not order the CAS, the adoptive family may proceed with the Adoption, or the child may continue in their current placement.

Once the Adoption is finalized, the adoptive family is required to submit a report to DCS and the Court annually. The Court may ask for recommendations about extending the subsidy, but this varies by county. There is no state policy requiring any action on this report.

Indiana Adoption Subsidy Program (IASP)

The Indiana Adoption Subsidy Program (IASP) is a Medicaid subsidy for the county Adoption subsidy—only child who is ineligible for AAP. Since the IASP is dependent on the terms and conditions of the AAP and CAS, the decision for the IASP is not considered until completion of the CAS process. Following the final Adoption decree, the decree is reviewed and the child’s eligibility for AAP is considered. The child that is eligible for AAP receives Medicaid through that program, therefore IASP is not necessary. Only cases involving CAS require a determination for IASP. Federal rule requires all children eligible for a state paid subsidy to also receive Medicaid benefits.

The language in the final Adoption decree must be reviewed for the following:

- ☐ If CAS specifies medical payments and the specific special needs making it necessary, the child is immediately eligible for Medicaid and further research is not necessary.
- ☐ If CAS specifies medical payments but does not specify the specific medical needs making it necessary, DCS must research and document the special needs using AAP guidelines
- ☐ If CAS does not order medical payments, DCS must research and document special needs using AAP guidelines.

If the child’s eligibility is not clear from the court order, the AAP guidelines are used to determine the child’s special needs eligibility.

Once the eligibility determination is made, and the child is eligible, the family is contacted by the local DCS office and notified of the child’s eligibility. The FCM must discuss with the family if the IASP will be considered the primary or secondary insurance. The adoptive parents and the County Director sign the *Indiana Adoption Subsidy Program Agreement for Non-IV-E Eligible Child*, SF 49412 / FPP 0030. The amount of the IASP is not negotiable, as it is strictly Medicaid coverage.



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State policy indicates the renewal process has the same terms and conditions as CAS. However, there is no policy stating the requirements for the frequency of the renewal process; only that the agreement must be renewed whenever necessary.

4. DECISIONS

- ☐ Pursue TPR
- ☐ Choose Adoptive Family
- ☐ Identify Appropriate Services for Family and Child
- ☐ Finalize Adoption

As detailed above, there are specific guidelines relating to situations when TPR must be pursued; however, there is little guidance provided to making this decision outside of the specific circumstances when federal guidelines require it. For example, federal law requires pursuit of TPR for a child who has been in care for 15 out of the last 22 months. State policy does not provide guidance on how FCMs should handle situations where the child has only been in care for a few months, but the situation clearly supports TPR earlier than required by federal law. The consideration of TPR as part of the case planning process is not addressed by policy.

SMEs indicated that FCMs and Adoption Case Managers in some counties are not involved in the selection of the Adoptive family. This is unfortunate, as this individual has the best information about the child's needs and history. Policy relating to the choice of the adoptive family, and the involvement of the various DCS staff, should be clarified and policy developed to address the issue.

Policy indicates that SNAP Consultants are responsible for identifying and securing appropriate services for children and adoptive families; however, SMEs indicated that this responsibility often falls on the FCM or Adoption Case Manager. The decision making responsibility and authority between the FCM/Adoption Case Manager and the SNAP Consultant should be clarified and operational procedure revised to reflect the true roles of each individual in the Adoption process.

Although SMEs indicated that County Directors generally approve the final decision to move forward with finalizing an Adoption, there is little written policy and no decision support tools that address the decision to allow finalization. The only guidance provided is in 716.30: "The COFC is to give consent to the Adoption when the family is functioning satisfactorily; or if difficulties exist, when the family is prepared to cope with them. Consent by the COFC is to be based on a factual showing of readiness for the finalization of the Adoption."

5. HAND-OFFS/CASE TRANSFER

- ☐ FCM to Adoption Case Manager/Unit
- ☐ FCM/Adoption Case Manager to SNAP Consultant
- ☐ FCM/Adoption Case Manager to Eligibility Staff
- ☐ FCM/Adoption Case Manager to Post-Adoption Unit

As noted earlier, the specific handoffs that may occur differ by county. But no matter what handoffs occur, SMEs indicated that there are no standard handoff processes or documentation requirements. In Adoptions, perhaps even more so than with other phases in the life of the case, the clear and complete handoff of information is essential, not just to effective case management, but to the child and family's future well-being. In addition, Adoption subsidy determinations are often based on the case circumstances from the time period when the child entered care. Standardized transfer packets and



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required face-to-face case transfer meetings would facilitate the transfer process between all possible parties.

6. RECOMMENDATIONS

Policy/ Procedure

1. Amend policy to require the social history, medical history and other pertinent information be collected as early in the case as possible. Birth parents may not be willing to cooperate and provide necessary information by the time TPR is required.
2. Clarify the SNAP referral requirements and process. State policy does not state that special needs children MUST be referred to SNAP, although it is implied. In addition, clarify the roles and responsibilities of the SNAP Specialist in relation to the FCM/Adoption Case Manager and overall case management.
3. Clarify policy requirements to ensure consistency with statute related to the registration of children in the Indiana Adoption Initiative program, including the My Forever Family book and the internet website
4. Clarify policy relating to the selection of an appropriate adoptive family, and the role of the FCM, Adoption Case Manager, and SNAP Specialist.
5. Clarify the definition of Special Needs in state policy to consistently and accurately reflect the current legal definition for purposes of SNAP.
6. Consider changing the policy requiring the attachment of the Adoption decree to the dismissal of wardship. This requirement contaminates the CHINS file with confidential information related to the Adoption.
7. Clarify policy relating to the timeframes for AAP. Currently policy states the first payment is made within 30 days of the application, however this cannot begin until the County Director and the adoptive parents both sign and the child is placed in the home. Policy also states that prospective adoptive parents must be notified of their eligibility decision within 45 days.
8. Establish policy to begin the negotiation of Adoption subsidy with the adoptive family as early in the process to avoid surprises to the family and difficult situations later on.
9. Develop a consistent denial form for AAP, to document when prospective adoptive parents deny the offer of assistance.
10. Develop consistent Statement of Attestation for use throughout the state, to document the fact that prospective adoptive parents have been given full disclosure about a child available for Adoption.
11. Revise policy related to the requirements for NRAE paperwork to be submitted to Central Office so that FCMs have current policy to guide the process.

Decision Support/Validation



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1. Develop and provide concrete guidelines about a child's family history and medical history for disclosure to prospective adoptive families. Currently there are various interpretations of the requirements.
2. Develop a *Checklist for Adoption* containing all of the **required** (by policy) steps that must be completed during the Adoption phase in the life of the case. It is unclear whether the steps outlined in Appendix WW in the Current Child Welfare Manual reflect requirements, or "suggestions" for Adoption cases.
3. Develop standardized guidelines, data collection tools, and court report formats to address the supervision period prior to Adoption finalization. Currently, there is little policy and no tools to support the assessment of the family and child's progress and preparation for Adoption finalization.
4. Develop a decision support tool related to the many Adoption subsidy programs to guide staff in a more consistent approach in the determination of the child and adoptive family's eligibility for assistance.
5. Develop a support tool to assist staff in the process requirements for the search for missing biological parents, and for checking the putative father registry, including the navigation of publishing requirements.

Supervisory Review

1. Develop and implement supervisory oversight into the entire Adoption process. Currently, policy is moot on the supervisory requirements for approval necessary at any point in the process. Supervisory approval is required for certain decisions in ICWIS, but not in the case management process or in policy.